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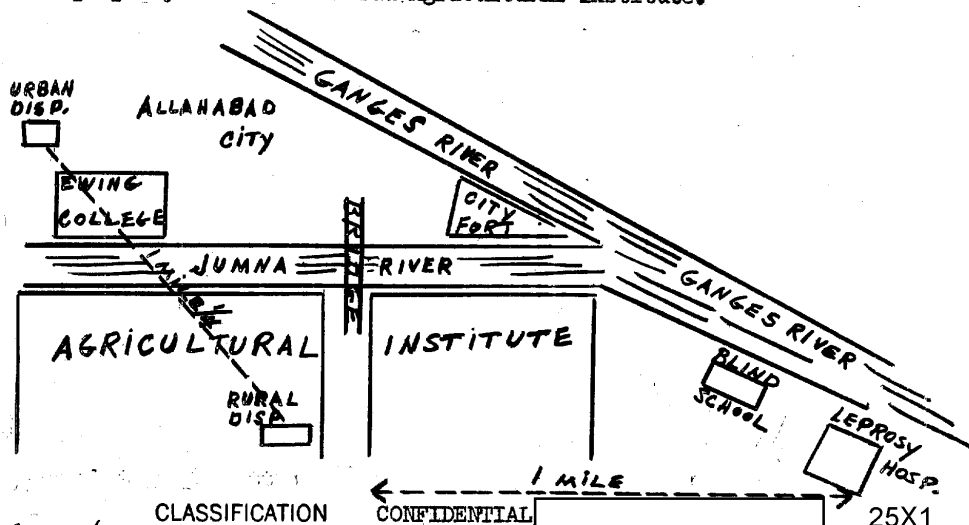
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Staff

2. The director of the dispensaries is a US medical missionary, an MD. There are two MBBS's, two clinicians of excellent experience - "doctors" with no formal training who gained their knowledge of medicine through apprenticeship, an injection specialist who gives most of our shots and intravenous injections, three laboratory technicians trained at the dispensaries, a pharmacist, a medical stock clerk, two practical nurses, and a medical records clerk. This staff serves both dispensaries.

Facilities

3. Our dispensary buildings are referred to as "Urban" and "Rural." Each has 12 US Army beds. The Urban dispensary is located in Allahabad city in the vicinity of Ewing Christian College. The Rural dispensary is across the Jumna River on the property of the Allahabad Agricultural Institute.



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Extent of Services

5. Jumna Dispensaries are charged with the care of the personnel of the entire mission establishment of which they are a part: at Ewing Christian College (a high school for boys) 900 students and staff; at the Agricultural Institute, 350 students and four and one-half thousand farm workers and staff; at the Mary Wanamaker School, 250 girls and staff. Besides mission installations, we assume responsibility for the health of about 900 students at the Jumna Standard School in Allahabad and 15 to 20 inmates at the Blind School. Occasionally we help out at the Naini Leprosy Hospital (300 to 400 patients). [For location of the Blind School and Leprosy Hospital see drawing on page 1.] We extend service to any of the general public who come to us and emergency service within reasonable cycling distances from the two dispensaries. Because roads around Allahabad are good macadam we can cover 10 to 20 miles by bicycle for serious calls. But with an automobile we could extend service 40 or 50 miles.

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Treatment Schedule

7. Our whole staff spends mornings (7 to 11) at the Rural dispensary, afternoons (2 to 4) at the Urban. (A nurse, of course, is permanently stationed at each dispensary.) From four to five in the evening Student Clinic is held simultaneously at both dispensaries. Sundays and evenings the dispensaries are closed to outpatients, but doctors are on emergency call.
8. The daily treatment routine is somewhat as follows for each new patient:
- (a) A file card is made up listing name, father's name, village, age, sex, weight and height.
 - (b) The patient is sent to the laboratory for urine, blood, stool and sputum samples. The blood test is extremely important for checking VD.
 - (c) He is returned to the doctor's office for a discussion of all his complaints and the doctor records them as he states them.
 - (d) His family's medical history is taken: number of siblings born, aborted, died; their ages, their state of health or diseases they died of; parents' longevity, state of health or diseases of which they died.
 - (e) His remote family history: incidence of malaria, tuberculosis, venereal disease.

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- 25X1 9. Meanwhile the doctor studies the patient for evidence of worms ([redacted] yesterday." [redacted] anemia, filaria (elephantiasis), kala-azar (inflammation of the liver and spleen), leprosy, etc., chronic conditions about which patients may not complain because they have long since adjusted to them. Very often a patient must go back to the laboratory for further tests.
10. At the end of his first visit the patient is given enough medicine to last him several days and is assigned a return date. If the doctor feels the patient can afford to pay something he may ask a fee of US\$0.10 or US\$0.25. Over 50% of the patients pay nothing.
- 25X1 11. [redacted] three special clinics: Venereal disease on Mondays, eye troubles on Wednesdays and leprosy on Saturdays. [redacted] try to line up all venereal disease, eye and leprosy cases for return treatment on these days. This wholesale treatment permits us to buy medicines in multiple ampules at a cheaper price and the cost of an injection is reduced to US\$0.02 or US\$0.03 per patient. [redacted] could not treat these patients over 25X1 week from multiple ampules, for once an ampule is opened its contents rapidly lose strength.

Preparation of Medicines and Instruction Load

- 25X1 12. The doctors at Jumna dispensaries prepare much of the medicine we use: calcium for injections, nasal drops, eye drops, leprosy injections, procaine solutions, and so on.
- 25X1 13. [redacted] also train laboratory technicians for work at the dispensaries and for assignment elsewhere. The Government of India does not recognize [redacted] Jumna laboratory technicians' certificate but it employs [redacted] graduates. [redacted] boys are working with the Indian Army, the Kamla Nehru Hospital in Allahabad, and with private practitioners.
- 25X1 14. Most [redacted] candidates for laboratory technicians' training have had the equivalent of sixth or eighth grade schooling and know very little English. They are recommended and supported by a hospital, a mission or a doctor in private practice. [redacted] tuition is US\$1 per month. The course takes one year and [redacted] instruct the students in parasitology, hematology and the usual laboratory curriculum. In the past four or five years [redacted] turned out about 25 technicians.

Finances-- Health Insurance Plan

- 25X1 15. The dispensaries are always in debt. [redacted] beg grants from the Government of India, the Allahabad Municipal Board, the District Board and private persons. In 1952 [redacted] got about US\$650 from these sources.
- 25X1 16. The mission installations give us a monthly fee for service to their personnel: Ewing Christian College, the Mary Wanamaker School and the Agricultural Institute - about US\$0.60 per month per person. The Jumna Standard School gives us US\$0.01 per month per person. Services to these institutions include routine physicals, vaccinations, inoculations, etc. We do not charge for services to the Blind School and the Leprosy Hospital.
17. The Jumna dispensaries have had a health insurance plan for 25 years. It is designed primarily to make the people who come to us health conscious, but because of the load it puts upon our limited facilities we can enroll only those who live in the immediate neighborhood. The plan covers all needs except X-rays and injections.
- 25X1 18. The plan recognizes four categories of patients: those with a yearly income of above 200 rupees (US\$40) pay US\$0.50 per month; incomes of 100 to 200 rupees pay US\$0.25; 50 to 100 rupees - US\$0.10; 0 to 50 rupees - US\$0.01 to 0.05. The scale is set up for easy adjustment and patients are not denied service for inability to maintain payments.

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20. The Indian Year Book for 1951 reported that over six million people die each year in India from disease. Eighty percent of the people [REDACTED] need bed rest (over 50% of these are anemic with a hemoglobin count of 50 or 60%) [REDACTED] 24 beds are always full and usually each dispensary has six to eight overnight patients lying on mats on the verandahs or out on the lawn, too ill to begin their homeward journey.

21. The staff at the dispensaries looks forward to the day when a hospital can be built to serve the numerous serious cases who come to us daily from a distance of 60, 70 and even 200 miles by train, busses, bullock carts and afoot.

Status of LCPS Practitioners in India

22. LCPS practitioners are under strong pressure from the government to return to medical school for two years' additional training and an MBBS degree. The government subsidizes the training and many practitioners are taking the opportunity.

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